Quality ID #118 (CBE 0066): Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic **Dysfunction (LVEF ≤ 40%)**

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) ≤ 40% who were prescribed ACE inhibitor or ARB therapy.

INSTRUCTIONS:

Reporting Frequency:
This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for all patients with a diagnosis of coronary artery disease. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure for the primary management of patients with CAD based on the services provided and the measure-specific denominator coding. Only patients who had at least two denominator eligible visits during the performance period will be counted for Submission Criteria 1 and 2 of this measure.

Measure Strata and Performance Rates:
This measure contains two strata defined by two submission criteria.
This measure produces a single performance rate using a weighted average.

There are 2 Submission Criteria for this measure:

1) Patients who are 18 years and older with a diagnosis of CAD with LVEF ≤ 40%

OR

2) Patients who are 18 years and older with a diagnosis of CAD who have diabetes

If the patient has CAD and LVSD (without a diagnosis of diabetes), use Denominator Submission Criteria 1. If the patient has CAD and diabetes, use Denominator Submission Criteria 2. If the patient has both diabetes and LVSD, the eligible professional may submit quality data for Submission Criteria 2 and this will count as appropriate submission for this patient. Both submission criteria should be submitted as appropriate.

Implementation Considerations:
For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient for the performance period. The most advantageous quality data code will be used if the measure is submitted more than once. The MIPS eligible clinician should submit data on one of the submission criteria, depending on the clinical findings.

Telehealth:
TELEHEALTH ELIGIBLE: This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be

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appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

SUBMISSION CRITERIA 1: ALL PATIENTS WITH A DIAGNOSIS OF CAD WITH LVEF **≤ 40% (WITHOUT** A DIAGNOSIS OF DIABETES)

DENOMINATOR (CRITERIA 1):
All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have a current or prior LVEF ≤ 40%.

Definition:
LVEF **≤ 40%** – corresponds to qualitative documentation of moderate dysfunction or severe dysfunction.

DENOMINATOR NOTE:
**Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for coronary artery disease on date of encounter (ICD-10-CM): I20.0, I20.1, I20.2, I20.81, I20.89, I20.9, I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A9, I24.0, I24.89, I24.9, I25.10, I25.110, I25.111, I25.112, I25.118, I25.119, I25.2, I25.5, I25.6, I25.700, I25.701, I25.702, I25.708, I25.709, I25.710, I25.711, I25.712, I25.718, I25.719, I25.720, I25.721, I25.722, I25.728, I25.729, I25.730, I25.731, I25.732, I25.738, I25.739, I25.750, I25.751, I25.752, I25.758, I25.759, I25.760, I25.761, I25.762, I25.768, I25.769, I25.790, I25.791, I25.792, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.84, I25.89, I25.9, Z95.1, Z95.5, Z98.61
AND
Patient encounter during the performance period (CPT): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426
AND
At least one additional patient encounter during performance period (CPT): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426
AND
Current or prior left ventricular ejection fraction (LVEF) **≤ 40% or documentation of moderately** or severely depressed left ventricular systolic function: G8934

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NUMERATOR (CRITERIA 1):
Patients who were prescribed ACE inhibitor or ARB therapy.

Definition:
Prescribed – May include prescription given to the patient for ACE inhibitor or ARB therapy at one or more visits in the measurement period OR patient already taking ACE inhibitor or ARB therapy as documented in current medication list.

NUMERATOR NOTE:
Eligible clinicians who have given a prescription to the patient for or whose patient is currently taking a combination medication therapy, which contains either an angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) (e.g., angiotensin receptor neprilysin inhibitor [ARNI, sacubitril/valsartan], ACE inhibitor+diuretic, ARB+diuretic, (ACE inhibitor+calcium channel blocker) would meet performance for this measure.

Numerator Options:

Performance Met:	Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy (G8935)
OR	
Denominator Exception:	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy (e.g., allergy, intolerance, pregnancy, renal failure due to ACE inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) (G8936)
OR	
Performance Not Met:	Clinician did not prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, reason not given (G8937)

OR

SUBMISSION CRITERIA 2: ALL PATIENTS WITH A DIAGNOSIS OF CAD WHO HAVE DIABETES

DENOMINATOR (CRITERIA 2):
All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have diabetes.

Definition:
Submission Criteria #2 – If a patient has both diabetes and LVSD, submission criteria #2 will count as appropriate submission for this patient.

DENOMINATOR NOTE:
**Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for coronary artery disease on date of encounter (ICD-10-CM): I20.0, I20.1, I20.2, I20.81, I20.89, I20.9, I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A9, I24.0, I24.89, I24.9, I25.10, I25.110, I25.111, I25.112, I25.118, I25.119, I25.2, I25.5, I25.6, I25.700, I25.701, I25.702, I25.708, I25.709,

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I25.710, I25.711, I25.712, I25.718, I25.719, I25.720, I25.721, I25.722, I25.728, I25.729, I25.730, I25.731, I25.732, I25.738, I25.739, I25.750, I25.751, I25.752, I25.758, I25.759, I25.760, I25.761, I25.762, I25.768, I25.769, I25.790, I25.791, I25.792, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.84, I25.89, I25.9, Z95.1, Z95.5, Z98.61

AND

Diagnosis for diabetes on date of encounter (ICD-10-CM): E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E10.A0, E10.A1, E10.A2, E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413,E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83

AND

Patient encounter during the performance period (CPT): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426

AND

At least one additional patient encounter during performance period (CPT): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426

NUMERATOR (CRITERIA 2):

Patients who were prescribed ACE inhibitor or ARB therapy.

Definition:

Prescribed – May include prescription given to the patient for ACE inhibitor or ARB therapy at one or more visits in the measurement period OR patient already taking ACE inhibitor or ARB therapy as documented in current medication list.

NUMERATOR NOTE:

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Eligible clinicians who have given a prescription to the patient for or whose patient is currently taking a combination medication therapy, which contains either an angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) (e.g., angiotensin receptor neprilysin inhibitor [ARNI, sacubitril/valsartan], (ACE inhibitor+diuretic, ARB+diuretic, ACE inhibitor+calcium channel blocker) would meet performance for this measure.

Numerator Options:

Performance Met:	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed **(G8473)**
OR	
Denominator Exception:	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ACE inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) **(G8474)**
OR	
Performance Not Met:	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not given **(G8475)**

RATIONALE:

Nonadherence to cardioprotective medications is prevalent among outpatients with coronary artery disease and can be associated with a broad range of adverse outcomes, including all-cause and cardiovascular mortality, cardiovascular hospitalizations, and the need for revascularization procedures.

In the absence of contraindications, ACE inhibitors or ARBs are recommended for all patients with a diagnosis of coronary artery disease and diabetes or reduced left ventricular systolic function. ACE inhibitors remain the first choice, but ARBs can now be considered a reasonable alternative. Both pharmacologic agents have been shown to decrease the risk of death, myocardial infarction, and stroke. Additional benefits of ACE inhibitors include the reduction of diabetic symptoms and complications for patients with diabetes.

CLINICAL RECOMMENDATION STATEMENTS:

The following evidence statements are quoted verbatim from the referenced clinical guidelines.

2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the management of patients with chronic coronary disease (CCD): In patients with CCD who also have hypertension, diabetes, LVEF <=40%, or CKD, the use of ACE inhibitors, or ARBs if ACE inhibitor-intolerant, is recommended to reduce cardiovascular events. (Class 1 Recommendation, Level of Evidence A)

2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease (SIHD) (ACCF/AHA/ACP/AATS/PCNA/SCAI/STS, 2012)

RENIN-ANGIOTENSIN-ALDOSTERONE BLOCKER THERAPY

ACE inhibitors should be prescribed in all patients with SIHD who also have hypertension, diabetes mellitus, LVEF 40% or less, or CKD, unless contraindicated. (Class I Recommendation, Level of Evidence: A)

ARBs are recommended for patients with SIHD who have hypertension, diabetes mellitus, LV systolic dysfunction, or CKD and have indications for, but are intolerant of, ACE inhibitors. (Class I Recommendation, Level of Evidence: A)

REFERENCES:

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ACCF/AHA/ACP/AATS/PCNA/SCAI/STS. (2012). ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease. *Circulation, 126*(25), e354-e471. Retrieved from https://doi.org/10.1161/CIR.0b013e318277d6a0

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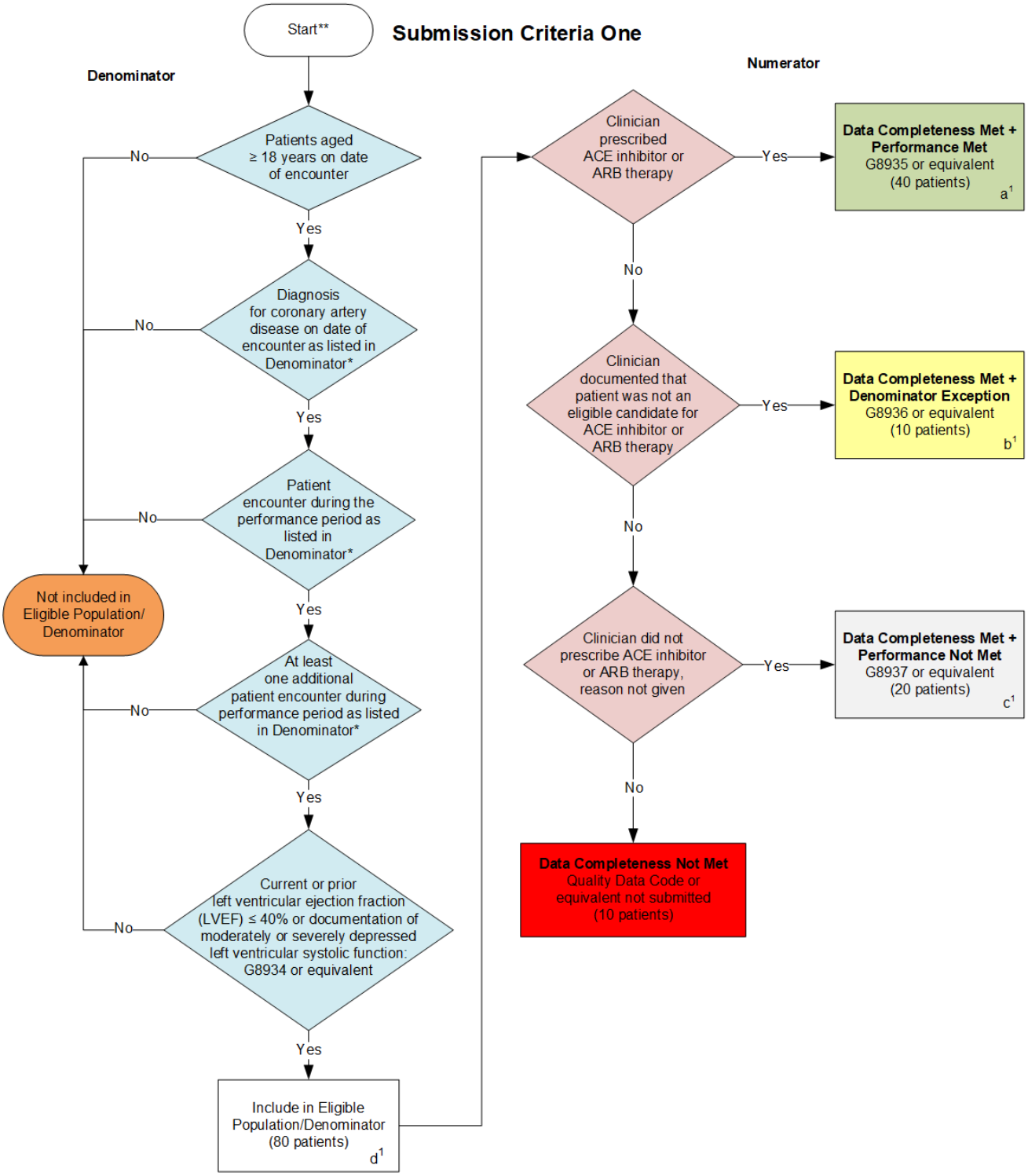
2026 Clinical Quality Measure Flow for Quality ID #118 (CBE 0066): Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF ≤ 40%)

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*



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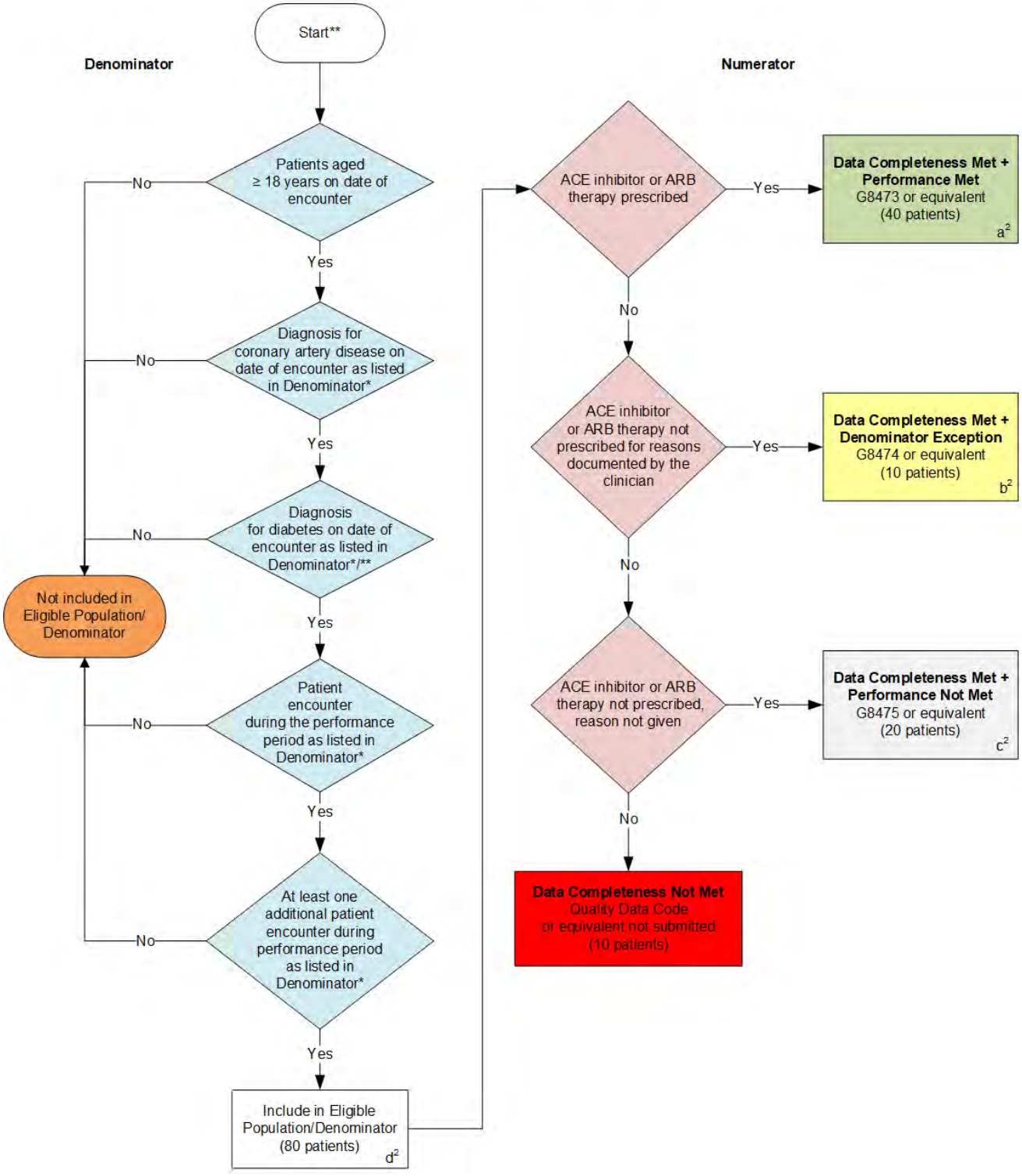
Submission Criteria Two



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SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a^1+a^2=80 patients) + Denominator Exception (b^1+b^2=20 patients) + Performance Not Met (c^1+c^2=40 patients) = 140 patients = **87.50%**

Eligible Population / Denominator (d^1+d^2=160 patients) = 160 patients

Performance Rate=

Performance Met (a^1+a^2=80 patients) = 80 patients = **66.67%**

Data Completeness Numerator (140 patients) – Denominator Exception (b^1+b^2=20 patients) = 120 patients

*See the posted measure specification for specific coding and instructions to submit this measure.

**If a patient has both diabetes and LVSD, Submission Criteria 2 is appropriate for submitting on this patient.

This measure contains two Submission Criteria, although as the Sample Calculation indicates, there is ONLY one data completeness and one performance rate for this measure.

NOTE: Submission Frequency: Patient-Process

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2026 Clinical Quality Measure Flow Narrative for Quality ID #118 (CBE 0066): Coronary Artery Disease (CAD): Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy – **Diabetes or Left Ventricular Systolic Dysfunction (LVEF ≤ 40%)**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

Submission Criteria One:

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of encounter*:
    a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Diagnosis for coronary artery disease on date of encounter as listed in Denominator**.
3. Check *Diagnosis for coronary artery disease on date of encounter as listed in Denominator**:
    a. If *Diagnosis for coronary artery disease on date of encounter as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for coronary artery disease on date of encounter as listed in Denominator** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
4. Check *Patient encounter during the performance period as listed in Denominator**:
    a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *At least one additional patient encounter during performance period as listed in Denominator**.
5. Check *At least one additional patient encounter during performance period as listed in Denominator**:
    a. If *At least one additional patient encounter during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *At least one additional patient encounter during performance period as listed in Denominator** equals Yes, proceed to check *Current or prior left ventricular ejection fraction (LVEF) ≤ 40% or documentation of moderately or severely depressed left ventricular systolic function*.
6. Check *Current or prior left ventricular ejection fraction (LVEF) ≤ 40% or documentation of moderately or severely depressed left ventricular systolic function*:
    a. If *Current or prior left ventricular ejection fraction (LVEF) ≤ 40% or documentation of moderately or severely depressed left ventricular systolic function* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Current or prior left ventricular ejection fraction (LVEF) ≤ 40% or documentation of moderately or severely depressed left ventricular systolic function* equals Yes, include in *Eligible Population/Denominator*.
7. Denominator Population:

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a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d^1 equals 80 patients in the Sample Calculation.

8. Start Numerator

9. Check *Clinician prescribed ACE inhibitor or ARB therapy*:

    a. If *Clinician prescribed ACE inhibitor or ARB therapy* equals Yes, include in *Data Completeness Met and Performance Met*.

        - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^1 equals 40 patients in Sample Calculation.

    b. If *Clinician prescribed ACE inhibitor or ARB therapy* equals No, proceed to check *Clinician documented that patient was not an eligible candidate for ACE inhibitor or ARB therapy*.

10. Check *Clinician documented that patient was not an eligible candidate for ACE inhibitor or ARB therapy*:

    a. If *Clinician documented that patient was not an eligible candidate for ACE inhibitor or ARB therapy* equals Yes, include in *Data Completeness Met and Denominator Exception*.

        - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter b^1 equals 10 patients in the Sample Calculation.

    b. If *Clinician documented that patient was not an eligible candidate for ACE inhibitor or ARB therapy* equals No, proceed to check *Clinician did not prescribe ACE inhibitor or ARB therapy, reason not given*.

11. Check *Clinician did not prescribe ACE inhibitor or ARB therapy, reason not given*:

    a. If *Clinician did not prescribe ACE inhibitor or ARB therapy, reason not given* equals Yes, include in *Data Completeness Met and Performance Not Met*.

        - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c^1 equals 20 patients in the Sample Calculation.

    b. If *Clinician did not prescribe ACE inhibitor or ARB therapy, reason not given* equals No, proceed to check *Data Completeness Not Met*.

12. Check *Data Completeness Not Met*:

        - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

<u>Submission Criteria Two:</u>

1. Start with Denominator

2. Check *Patients aged greater than or equal to 18 years on date of encounter*:

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a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Diagnosis for coronary artery disease on date of encounter as listed in Denominator**.

3. Check *Diagnosis for coronary artery disease on date of encounter as listed in Denominator**:

   a. If *Diagnosis for coronary artery disease on date of encounter as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Diagnosis for coronary artery disease on date of encounter as listed in Denominator** equals Yes, proceed to check *Diagnosis for diabetes on date of encounter as listed in Denominator*/***.

4. Check *Diagnosis for diabetes on date of encounter as listed in Denominator*/**:*

   a. If *Diagnosis for diabetes on date of encounter as listed in Denominator*/** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Diagnosis for diabetes on date of encounter as listed in Denominator*/** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.

5. Check *Patient encounter during the performance period as listed in Denominator**:

   a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *At least one additional patient encounter during performance period as listed in Denominator**.

6. Check *At least one additional patient encounter during performance period as listed in Denominator**:

   a. If *At least one additional patient encounter during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *At least one additional patient encounter during performance period as listed in Denominator** equals Yes, include in *Eligible Population/Denominator*.

7. Denominator Population:

   - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d^2 equals 80 patients in the Sample Calculation.

8. Start Numerator

9. Check *ACE inhibitor or ARB therapy prescribed*:

   a. If *ACE inhibitor or ARB therapy prescribed* equals Yes, include in *Data Completeness Met and Performance Met*.

      - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^2 equals 40 patients in Sample Calculation.

   b. If *ACE inhibitor or ARB therapy prescribed* equals No, proceed to check *ACE inhibitor or ARB therapy not prescribed for reasons documented by the clinician*.

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10. Check *ACE inhibitor or ARB therapy not prescribed for reasons documented by the clinician*:

    a. If *ACE inhibitor or ARB therapy not prescribed for reasons documented by the clinician* equals Yes, include in *Data Completeness Met and Denominator Exception*.

        - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^2 equals 10 patients in the Sample Calculation.

    b. If *ACE inhibitor or ARB therapy not prescribed for reasons documented by the clinician* equals No, proceed to check *ACE inhibitor or ARB therapy not prescribed, reason not given*.

11. Check *ACE inhibitor or ARB therapy not prescribed, reason not given*:

    a. If *ACE inhibitor or ARB therapy not prescribed, reason not given* equals Yes, include in *Data Completeness Met and Performance Not Met.*

        - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c^2 equals 20 patients in the Sample Calculation.

    b. If *ACE inhibitor or ARB therapy not prescribed, reason not given* equals No, proceed to check *Data Completeness Not Met*.

12. Check *Data Completeness Not Met*:

        - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a^1 plus a^2 equals 80 patients) plus Denominator Exception (b^1 plus b^2 equals 20 patients) plus Performance Not Met (c^1 plus c^2 equals 40 patients) divided by Eligible Population/Denominator (d^1 plus d^2 equals 160 patients). All equals 140 patients divided by 160 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^1 plus a^2 equals 80 patients) divided by Data Completeness Numerator (140 patients) minus Denominator Exception (b^1 plus b^2 equals 20 patients). All equals 80 patients divided by 120 patients. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

**If a patient has both diabetes and LVSD, Submission Criteria 2 is appropriate for submitting on this patient.

This measure contains two Submission Criteria, although as the Sample Calculation indicates, there is ONLY one data completeness and one performance rate for this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

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